### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST  Sesse  NICKNAME  LAST  DAVIS	MI	OFFICE USE ONLY  Date Received  RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		ton TX 76202	APR 2 5 7019  City Manager's / City Secretary's Office
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 253 - 1132	EXTENSION	Date Hand-dellvered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Ann NICKNAME LAST Smith	MI	Receipt # Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SI		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (940) 453 - 7424	EXTENSION	
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month Day Year 4 / 24 / 2019  THROUGH		
11 ELECTION	ELECTION DATE  Month Day Year Primary  5 4 2019 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	Conneil, District 3
	GO TO	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	3esn D	AVÍS	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THESTNFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	COMMITTEE ADDRESS  SPECIFIC		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	AN Sall itemized
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 4,860.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ All itemized
	4. TOTAL POLITICAL EXPENDITURES		\$ 12,945.60
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	DAY \$ 2,405.46
OUTSTANDING LOAN TOTALS	6. TOTAL LAST D	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ &
18 AFFIDAVIT	ROSA A RIC Notary Publi STATE OF TE ID#876078- My Comm. Exp. May	true and correct and includes all in under Title 15, Election Code.	perjury, that the accompanying report is formation required to be reported by me
AFFIX NOTARY STAM	MP/SEALABOVE		a th
Sworn to and subso	and the same	to certify which, witness my hand and seal of office	this the
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath
_			

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19 FILER NAME  Jesse Pavis  20 Filer ID (Ethics Con	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,860.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$10,877.14
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,060.69
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 7.78
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Eilers) 2 FILER NAME Jesse Davis 4 Date 5 Full name of contributor Marky Rivers 4/2/14 6 Contributor address; City; State; Zip Code 100 V. Mulberry #200 Denton, Tx 76201 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructione) Full name of contributor Out-of-state PAQ-404: - -Amount of contribution (\$) Any Griffin Contributor address; City; State; Zip Code 8912 Crest view Dr. Denton, Tx 76201 \$ 500 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Rick Hagen Contributor address; City; State; Zip Code 100 V. Oak St. Denten TY 76201 Full name of contributor Date out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) 4/2/19 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor (ary Pie) Contributor address; Oity; State; Zip Code ... Denten TY 762.1 Amount of contribution (\$) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Jesse Davis 4 Date 5 Full name of contributor out-of-state PAC (ID#: Vanic | Abas, | 6 Contributor address; City; State; Zip Code 907 V. Congress Penton, Tt 76201 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:\_\_\_\_\_ Full name of contributor 5: 11 Jester Contributor address; City; State; Zip Code 7106 Stonegate Pr. Nenton, TX 76205 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:\_\_\_ T. G. Fykes Contributor address; City; State; Zip Code Po 51261 Penton, TX 76206 Amount of contribution (\$) 4/2/19 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Lance Vanzant Contributor address; City; State; Zip Code [317 Hunter Ln. Celina, TX 75004] Amount of contribution (\$) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see-instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Jesse Davil 7 Amount of contribution (\$) Jeff Krenger 4 /2/19 6 Contributor address; City; State; Zip Code 3905 Deer Forest Denton, TY 76708 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code Pb B. x 856 Pentun, Tx 76702 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: William Johnson Contributor address; City; State; Zip Code 616 E. Hickery Penton, TX 26205 Amount of contribution (\$) Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Roberta Duplantis 4/4/14 Contributor address; City; State; Zip Code 10100 Par Kerest Ct. Pentan, TX 76207 Amount of contribution (\$) Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Just Davis 4 Date 5 Full name of contributor TG Jeff / Cy 4 / 6 / 19 6 Contributor address; City; State; Zip Code 9 Employer (See Instru 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Full name of contributor Tommy Caratless 4/7/14 Contributor address; City; State; Zip Code 209 Ridge Clest Cir. Denten, Tx 76205 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Principal occupation / Job title (See Instructions) The phan Alexan Jer Contributor address; City; State; Zip Code 13391 George Forter RJ. Plander, TX 76259 Amount of contribution (\$) \$475.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Jesse Davis 4 Date 5 Full name of contributor Roger White 6 Contributor address; Guil Wall Pr. Nentra, TX 76207 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Walter Scarcey 4/13/14 Contributor address; City; State; Zip Code 12516 Marl Way Denton, TX 76207 Employer (See In Amount of contribution (\$) Amount of contribution (\$) 4/15/14 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor | out-of-state PAC (10#: Villiam Pody & City; State; Zip Code | 12204 Groshenk Pr. Penton, Tt. 76707 Date Amount of contribution (\$) 4/15/19 Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Jene Davis 4 Date 5 Full name of contributor | out-of-state PAC (ID#: | ) 15/14 6 Contributor address; City; State; Zip Code 4 612 Greenstone Way Nenton, TX 76207 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_ Bruce I saacks Contributor address; City; State; Zip Code [70 | N. Locust Pentun, TX 7(20) Amount of contribution (\$) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_\_) Nathan Miller Contributor address; City; State; Zip Code 1117 Wilson Dr. Len fann, Tt 76226 Amount of contribution (\$) Date 4/18/19 Employer (See\_Instructions) Principal occupation / Job\_title (See Instructions) Date Full name of contributor out-of-state PAC (IDII): Charles | Leftin Contributor address; City; State; Zip Code 440 L. St. NW Washing for, DC 2000 1 Amount of contribution (\$) \$ 100 Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bere Davis 4 Date 5 Full name of contributor Michael Marshall 6 Contributor address; City; State; Zip Code 7892 Marshall RJ. Dentan, Tt 76207 7 Amount of contribution (\$) \$ 500 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor \_\_\_ out-of-state PAC (ID#:\_\_ Date Amount of contribution (\$) Contributor address; City; State; Zip Code 2708 Crater Lake Denton TX 76210 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) Contributor address; Employer (See Instructions) Principal ocasion / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_ City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/ unofaising \_xpense Advertising Expense Event Expense Loan Repayment/Relmbursement Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Travel In District Pollina Expense Consulting Expense Contributions/Donations Made By Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Gulde explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Jesic Davis 3 Filer ID (Ethics Commission Filers) 5 Payee name Thin Line Film Festival 4 Date 3/26/19 City; State; Zip Code 7 Payee address; 6 Amount (\$) 207 W. Hickory #311 Denter, TX 76201 \$ 750.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Advertising OF EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Pay Pal 4/3/14 Amount (\$) Pavee address; City; State; Zip Code N. First St. San Jose, CA 95131 22 11 \$ 100,49 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Accounting / Banking Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name 4/9/19 Chare Bank City; State; Zip Code Amount (\$) PO Box 6294 Carol Stream, IL 60197 \$10,500 Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Credit Card Payment Check if Austin, TX, officeholder living expense OF EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

### Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Jesse Pauls 5 Payee name 7 Payee address; 2711 N. First St. San Jose, CA 95131 \$26.65 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF Accounting / Banking **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) City; State; Zip Code Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

## **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

	EXPENDITURE CATEGO		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donalions Made E Candidate/Officeholder/Politica	•	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense • Salaries/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out OfDistrict Other (enter a category not listed above)
	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME Jesse Davis		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date 4 /2 / 19	6 Payee name		
7 Amount (\$)	8 Payee address; City; State; 2	Zip Code	
\$8.83	2750 W. University	Mr. Denton, TX	7(20)
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description	on
PURPOSE	,	Checki	f travel outside of Texas. Complete Schedule T,
OF	Office Expense		if Austin, TX, officeholder living expense
EXPENDITURE	The oxpose		
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 4 /3/19	Payee name Chasc		
Amount (\$)	Payee address; City; State;	Zip Code	
\$ 194.36	Payee address; City; State; Zip Code  10 Box 6294 Carol Stronn, IL 60197		
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of this	schedule) Descripti	on
PURPOSE			f travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	(-ees	Check	if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office_sought	Office_held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EEDED
orms provided by Texas Ethics			Revised 9/8/201

## **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

	EXPENDITURE CATEG	ORIES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
	The Instruction Guide explain	s now to complete this form.	1	
1 Total pages Schedule F4:	2 FILER NAME Jesse David	5	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$	
5 Date 4 /16/19				
7 Amount (\$)	8 Payee address; City; State;	Zip Code		
\$77.49 95 Hayden Ave. Lexington, MA 02421				
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the top of thi	s schedule) (b) Descript	ion	
PURPOSE			if travel outside of Texas. Complete Schedule T.	
OF	Printing Expense			
EXPENDITURE	Princing to Apolitic	Check	c if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date 4 /18/19	Payee name U 5 P 5			
Amount (\$)	Payee address; City; State;	Zip Code		
\$55,00 [0] E. Mckinney Denton, TX 76201				
TYPE OF EXPENDITURE Political Non-Political				
	Category (See Categories listed at the top of thi	s schedule) Descript	tion	
PURPOSE		1 ()	if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Office Expense	Check	c if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	EEDED	

### **EXPENDITURES MADE BY CREDIT CARD**

## SCHEDULE F4

Advantaira Funcasa	EXPENDITURE CATEGORIES FOR		Oalt stration (Foundarising Foundaries
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic	Fees Office Overhead Food/Beverage Expense Polling Expense Sal Committee Legal Services Office Services Office Overhead Polling Expense Printing Expense Salaries/Wages	se s/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other.(enter a categon/.not/listed.ahove).
	The Instruction Guide explains how to comp	lete this form.	
1 Total pages Schedule F4:	2 FILER NAME Jesse Davis		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	MIZED EXPENDITURES CHARGED TO A CRED	DITCARD	\$
5 Date 4/18/14	6 Payee name Pentin Record Chro	inicle	
7 Amount (\$)  8 Payee address; City; State; Zip Code  3 5 5 S Nuchess Nr. Denter, Tt 76205			
9 TYPE OF EXPENDITURE	Political Non-Politica	al	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	n
			travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE  A J vv tsing Check if ravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name		
Amount (\$) Payee address; City; State; Zip Code			
TYPE OF EXPENDITURE	Political Non-Pelitic	al	
	Category (See Categories listed at the top of this schedule)	Description	travel outside of Texas. Complete Schedule T.
PURPOSE OF			,
EXPENDITURE		]Check	f Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office	e sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NE	EDED

### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

### SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.						
1	Total pages Schedule G:	2 FILER NAME JUSTIC PAVIS		3 Filer ID (Ethics Commission Filers)		
4	Date 4 11 5 / 14	5 Payee name				
6	Amount (\$)  7.78  Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	inton, TX 71	205		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Office Expense		de of Texas. Complete Schedule T. 'X, officeholder living expense		
9	Complete ONLY if direct expenditure to benefit C/4	Candidate / Officeholder name OH	Office sought	Office held		
	Date	Payee name				
	Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		de of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/4	Candidate / Officeholder name OH	Office sought	Office held		
	Date	Payee name				
	Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		de of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/s	Candidate / Officeholder name OH	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					